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48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

NAME OF COMMITTEE IN FULL Bucshon for Congress]	
ADDRESS (number and street) PO Box 250			_	
CITY, STATE, and ZIP CODE			-	
Newburgh	IN 476	29		
2. NAME OF CANDIDATE	3. OFFICE SOUGHT (State and District)		4. FEC IDENTIFICATION NUMBER	
Larry D Bucshon	House IN 08		C00468256	
5. IS THIS AN AMENDMENT? NO, THIS IS A NEW FILING	YES, IT AMENDS THE	NOTICE FILED ON	/	/
A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month,	Amount
AMERICAN HOSPITAL ASSOCIATION PAC	CAN HOSPITAL ASSOCIATION PAC		day, year)	
800 TENTH STREET, NW			10/29/2014	1000.00
TWO CITYCENTER, SUITE 400	Transaction ID : F6	5.17296		
WASHINGTON DC 20001	Occupation			
B. FULL NAME. MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month,	Amount
NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS POLITICAL ACTION COMM			day, year)	
2901 TELESTAR CT.			10/29/2014	2000.00
2007 122207 11 (01)	Transaction ID : F6.17298			
FALLS CHURCH	Occupation			
FALLS CHURCH VA 22042				
C. FULL NAME, MAILING ADDRESS AND ZIP CODE NATIONAL BEER WHOLESALERS ASSOCIATION	Name of Employer		Date (month, day, year)	Amount
POLITICAL ACTION COMMITTEE 1101 KING STREET			10/29/2014	2500.00
	Transaction ID : F6.17297			
SUITE 600	Occupation 0.17237			
ALEXANDRIA VA 22314				
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month, day, year)	Amount
			day, year,	
	Occupation			
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month, day, year)	Amount
	Occupation			
SIGNATURE (optional)		DATE	East front to	nformation og-tt-
Mr. John L. Wright	[Electronically Filed]		For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100	

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